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APPENDIX C

MEDICAL AND SURGICAL PROCEDURES FOR PODIATRY SERVICES (CPT-4)

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APPENDIX C

MEDICAL AND SURGICAL PROCEDURE CODES FOR PODIATRY SERVICES

The codes listed in this appendix are the only codes which DMAS will cover for podiatry. (Refer to CPT-4 for complete definitions and guidelines to the use of CPT codes.)

EVALUATION AND MANAGEMENT SERVICES

99201 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

99202 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity

99211 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services

99212 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making

99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity

99217 - Observation care discharge day management

99218 - Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or

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comprehensive examination; and medical decision making that is straightforward or of low complexity

99221 - Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity

99222 - Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

99231 - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity

99232 - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity

99238 - Hospital discharge day management; 30 minutes or less

99241 - Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

99242 - Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

99251 - Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

99252 - Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

99261 - Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity

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- 99262** - Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity
- 99281** - Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making
- 99282** - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity
- 99283** - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity
- 99301** - Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straightforward or of low complexity
- 99302** - Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complexity
- 99311** -Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity
- 99312** -Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity
- 99321** -Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity
- 99322** -Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity

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99331 -Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity

99332 -Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity

99341 - Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making

99342 - Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity

99347 - Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and straightforward medical decision making

99348 - Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of low complexity

SUPPLIES

99070 -Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, supplies, or materials provided)*

* When using this code, enter "ATTACHMENT" in Locator 10-D of the HCFA-1500 claim form, and attach a description of the item and the invoice documenting the actual cost of the item. Routine supplies (e.g., gauze, tape, culture plates) are included in the office visit fee.

The 99070 code should be used in place of the 00020 code that is currently listed in the Podiatry Manual.

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ADMINISTRATIVE SERVICES

99000 - Handling and/or conveyance of specimens for transfer from the physician's office to a laboratory

36415 - Routine venipuncture or finger/heel/ear stick for the collection of specimen(s)

SURGERY (Services are limited strictly to treatment of foot/ankle)

10060 -Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscesses, cyst, furuncle, or paronychia); simple or single

10061 - complicated or multiple

10120 - Incision and removal of foreign body, subcutaneous tissues; simple

10121 - complicated

10140 - Incision and drainage of hematoma, seroma or fluid collection

10160 - Puncture aspiration of abscess, hematoma, bulla, or cyst

10180 - Incision and drainage , complex, postoperative wound infection

11000 - Debridement of extensive eczematous or infected skin; up to 10% of body surface

11040 - Debridement; skin, partial thickness

11041 - skin, full thickness

11042 - skin, and subcutaneous tissue

11043 - skin, subcutaneous tissue, and muscle

11044 - skin, subcutaneous tissue, muscle, and bone

11055 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion.

11056 - two to four lesions

11057 - more than four lesions

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11100 - Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion

11101 - each separate/additional lesion

11305 - Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

11306 - lesion diameter 0.6 to 1.0 cm

11307 - lesion diameter 1.1 to 2.0 cm

11308 - lesion diameter over 2.0 cm

11420 -Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

11421 - lesion diameter 0.6 to 1.0 cm

11422 - lesion diameter 1.1 to 2.0 cm

11423 - lesion diameter 2.1 to 3.0 cm

11424 - lesion diameter 3.1 to 4.0 cm

11426 - lesion diameter over 4.0 cm

11620 - Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

11621 - lesion diameter 0.6 to 1.0 cm

11622 - lesion diameter 1.1 to 2.0 cm

11623 - lesion diameter 2.1 to 3.0 cm

11624 - lesion diameter 3.1 to 4.0 cm

11626 - lesion diameter over 4.0 cm

11719 - Trimming of nondystrophic nails, any number

11720 - Debridement of nail(s) by any method(s); one to five

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11721 - six or more

11730 - Avulsion of nail plate, partial or complete, simple; single

11731 - second nail plate

11732 - each additional nail plate

11750 -Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail) for permanent removal;

11752 - with amputation of tuft of distal phalanx

11755 - Biopsy of nail unit, any method (eg, plate , bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

11760 - Repair of nail bed

11762 - Reconstruction of nail bed with graft

11765 - Wedge resection of skin of nail fold (eg, for ingrown toenail)

11900 - Injection, intralesional: up to and including seven lesions

11901 - more than seven lesions

12001 -Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

12002 - 2.6 cm to 7.5 cm

12004 - 7.6 cm to 12.5 cm

12005 - 12.6 cm to 20.0 cm

12006 - 20.1 cm to 30.0 cm

12007 - over 30.0 cm

12020 - Treatment of superficial wound dehiscence; simple closure

12021 - with packing

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- 12041** - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
- 12042** - 2.6 cm to 7.5 cm
- 12044** - 7.6 cm to 12.5 cm
- 12045** - 12.6 cm to 20.0 cm
- 12046** - 20.1 cm to 30.0 cm
- 12047** - over 30.0 cm
- 13131** - Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
- 13132** - 2.6 cm to 7.5 cm
- 13160** - Secondary closure of surgical wound or dehiscence, extensive or complicated
- 13300** - Repair, unusual, complicated, over 7.5 cm, any area
- 14040** - Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less
- 14041** - defect 10.1 sq. cm to 30 sq. cm
- 14300** - Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
- 14350** - Filleted finger or toe flap, including preparation of recipient site
- 15000** - Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissues), scar, or other lesion prior to repair with free skin graft (list as a separate service in addition to the skin graft)
- 15050** - Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
- 15100** - Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq. cm or less, or each one percent of body area of infants and children (except 15050)

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15120 - Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)

15240 - Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq. cm or less

15241 - each additional 20 sq cm

15350 - Application of allograft, skin

15400 - Application of xenograft, skin

15574 -Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet

15620 - Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet

15738 - Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

15740 - Flap; island pedicle

15750 - neurovascular pedicle

15770 - Graft; derma-fat-fascia

15839 - Excision, excessive skin and subcutaneous tissue (including lipectomy); other area

15850 - Removal of sutures under anesthesia (other than local), same surgeon

15851 - Removal of sutures under anesthesia (other than local), other surgeon

15852 - Dressing change (for other than burns) under anesthesia (other than local)

16000 - Initial treatment, first degree burn, when no more than local treatment is required

16010 - Dressings and/or debridement, initial or subsequent; under anesthesia, small

16015 - under anesthesia, medium or large, or with major debridement

16020 - without anesthesia, office or hospital, small

16025 - without anesthesia, medium (eg, whole face or whole extremity)

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16030 - without anesthesia, large (eg, more than one extremity)

17000 - Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion

17003 - second through 14 lesions, each

17004 - 15 or more lesions

17110 - Destruction by any method of flat warts, molluscum contagiosum, or milia; up to 14 lesions

17111 - 15 or more lesions

17250 - Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)

17270 - Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

17271 - lesion diameter 0.6 to 1.0 cm

17272 - lesion diameter 1.1 to 2.0 cm

17273 - lesion diameter 2.1 to 3.0 cm

17274 - lesion diameter 3.1 to 4.0 cm

17276 - lesion diameter over 4.0 cm

20000 - Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial

20005 - deep or complicated

20200 - Biopsy, muscle; superficial

20205 - deep

20206 - Biopsy, muscle, percutaneous needle

20520 - Removal of foreign body in muscle or tendon sheath; simple

20525 - deep or complicated

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20550 - Injection, tendon sheath, ligament, trigger points or ganglion cyst

20600 - Arthrocentesis, aspiration, and/or injection; small joint, bursa or ganglion cyst (eg, fingers, toes)

20605 - intermediate joint, bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)

20615 - Aspiration and injection for treatment of bone cyst

20650 -Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)

20670 - Removal of implant; superficial (eg, buried wire, pin, or rod)

20680 - deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)

20690 - Application of a uniplane (pins or wires in one plane), unilateral, external fixation system

20900 - Bone graft, any donor area; minor or small (eg, dowel or button)

20922 - Fascia lata graft; by incision and area exposure, complex or sheet

20924 - Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)

20926 - Tissue grafts, other (eg, paratenon, fat, dermis)

20950 -Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome

20962 - Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal

20972 - Free osteocutaneous flap with microvascular anastomosis; metatarsal

20973 - great toe with web space

20974 - Electrical stimulation to aid bone healing; noninvasive (nonoperative)

27602 - Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)

27603 - Incision and drainage, leg or ankle, deep abscess or hematoma

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27604 - infected bursa

27605 - Tenotomy, Achilles tendon, subcutaneous; local anesthesia

27606 - general anesthesia

27607 - Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), leg or ankle

27610 - Arthrotomy, ankle, for infection, with exploration, drainage or removal of foreign body

27612 - Arthrotomy, ankle, posterior capsular release, with or without Achilles tendon lengthening

27613 - Biopsy, soft tissue of leg or ankle area; superficial

27614 - deep

27615 - Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area

27618 - Excision, tumor, leg or ankle area; subcutaneous

27619 - deep, subfascial or intramuscular

27620 - Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body

27625 - Arthrotomy, ankle, with synovectomy

27640 - Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or exostosis); tibia

27641 - fibula

27645 - Radical resection of tumor, bone; tibia

27647 - Radical resection of tumor, talus or calcaneus

27650 - Repair, primary, open or percutaneous, ruptured Achilles tendon;

27652 - with graft (including obtaining graft)

27654 - Repair, secondary, ruptured Achilles tendon, with or without graft

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27658 - Repair or suture of flexor tendon of leg; primary, without graft, single, each

27659 - secondary with or without graft, single tendon, each

27664 - Repair or suture of extensor tendon of leg; primary, without graft, single, each

27665 - secondary with or without graft, single tendon, each

27675 - Repair for dislocating peroneal tendons; without fibular osteotomy

27676 - with fibular osteotomy

27680 - Tenolysis, including tibia, fibula, and ankle flexor; single

27681 - multiple (through same incision), each

27685 - Lengthening or shortening of tendon, leg or ankle; single (separate procedure)

27686 - Multiple (through same incision), each

27690 - Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)

27691 - deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)

28001 - Incision and drainage, infected bursa, foot

28002 - Deep dissection below fascia, for deep infection of foot, with or without tendon sheath involvement; single bursal space, specify

28003 - multiple areas.

28005 - Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), foot

28008 - Fasciotomy, foot and/or toe

28010 - Tenotomy, subcutaneous, toe; single

28011 - multiple

28020 - Arthrotomy, with exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint

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- 28022** - metatarsophalangeal joint
- 28024** - interphalangeal joint
- 28030** - Neurectomy of intrinsic musculature of foot
- 28035** - Tarsal tunnel release (posterior tibial nerve decompression)
- 28043** - Excision, tumor, foot; subcutaneous
- 28045** - deep, subfascial, intramuscular
- 28046** - Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
- 28050** - Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint
- 28052** - metatarsophalangeal joint
- 28054** - interphalangeal joint
- 28060** - Fasciectomy, excision of plantar fascia, partial (separate procedure)
- 28062** - radical (separate procedure)
- 28070** - Synovectomy; intertarsal or tarsometatarsal joint, each
- 28072** - metatarsophalangeal joint, each
- 28080** - Excision of interdigital (Morton) neuroma, single, each
- 28086** - Synovectomy, tendon sheath, foot; flexor
- 28088** - extensor
- 28090** - Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot
- 28092** - toes
- 28100** - Excision or curettage of bone cyst or benign tumor, talus or calcaneus
- 28103** - with allograft

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28104 - Excision or curettage or bone cyst of benign tumor, tarsal or metatarsal bones, except talus or calcaneus

28107 - with allograft

28108 - Excision or curettage of bone cyst or benign tumor, phalanges of foot

28110 - Ostectomy, partial excision, fifth metatarsal head (bunionette)

28111 - Ostectomy; complete excision; first metatarsal head

28112 - other metatarsal head (second, third, or fourth)

28113 - fifth metatarsal head

28114 - all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)

28116 - Ostectomy, excision of tarsal coalition

28118 - Ostectomy, calcaneus

28119 - for spur, with or without plantar fascial release

28120 - Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (eg, for osteomyelitis or tarsal bossing), talus or calcaneus

28122 - Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus

28124 - Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or dorsal bossing) phalanx of toe

28126 - Resection, partial or complete, phalangeal base, single toe, each

28130 - Talcetomy (astragalectomy)

28140 - Metatarsectomy

28150 - Phalangectomy of toe, single, each

28153 - Resection, head of phalanx, toe

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28160 - Hemiphalangectomy or interphalangeal joint excision, toe, single, each

28171 - Radical resection of tumor, bone; tarsal (except talus or calcaneus)

28173 - metatarsal

28175 - phalanx of toe

28190 - Removal of foreign body, foot; subcutaneous

28192 - deep

28193 - complicated

28200 - Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon

28202 - secondary with free graft, each tendon (includes obtaining graft)

28208 - Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon

28210 - secondary with free graft, each tendon (includes obtaining graft)

28220 - Tenolysis, flexor, foot; single

28222 - multiple (through same incision)

28225 - Tenolysis, extensor, foot; single

28226 - multiple (through same incision)

28230 - Tenotomy, open, flexor; foot, single or multiple (separate procedure)

28232 - toe, single (separate procedure)

28234 - Tenotomy, open, extensor, foot or toe

28238 - Advancement of posterior tibial tendon with excision of accessory navicular bone (Kidner type procedure)

28240 - Tenotomy, lengthening, or release, abductor hallucis muscle

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28250 - Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)

28260 - Capsulotomy, midfoot; medial release only (separate procedure)

28261 - with tendon lengthening

28262 - extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity

28264 - Capsulotomy, midtarsal (Heyman type procedure)

28270 - Capsulotomy, for contracture; metatarsophalangeal joint, with or without tenorrhaphy, single, each joint

28272 - interphalangeal joint, single, each joint

28280 - Webbing operation (create syndactylism of toes) for soft corn (Kelikian type procedure)

28285 - Hammertoe operation; one toe (eg, interphalangeal fusion, filleting, phalangectomy)

28286 - cock-up fifth toe with plastic skin closure (Ruiz-Mora type procedure)

28288 - Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head

28290 - Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)

28292 - Keller, McBride, or Mayo type procedure

28293 - resection of joint with implant

28294 - with tendon transplants (Joplin type procedure)

28296 - with metatarsal osteotomy (eg, Mitchell, Chevron or concentric procedures)

28297 - Lapidus type procedure

28298 - by phalanx osteotomy

28299 - by other methods (eg, double osteotomy)

28300 - Osteotomy; calcaneus (Dwyer or Chambers type procedure), with or without internal fixation

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- 28302** - talus
- 28304** - Osteotomy, midtarsal bones, other than calcaneus or talus
- 28305** - with autograft (includes obtaining graft) (Fowler type)
- 28306** -Osteotomy, metatarsal, base or shaft, single, with or without lengthening, for shortening or angular correction; first metatarsal
- 28307** - first metatarsal with autograft
- 28308** - other than first metatarsal
- 28309** - Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)
- 28310** - Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
- 28312** - other phalanges, any toe
- 28213** -Reconstruction, angular deformity of toe (overlapping second toe, fifth toe, curly toes), soft tissue procedures only
- 28315** - Sesamoidectomy, first toe
- 28320** - Repair of nonunion or malunion; tarsal bones (eg, calcaneus, talus)
- 28322** - metatarsal, with or without bone graft (includes obtaining graft)
- 28340** - Reconstruction, toe, macrodactyly; soft tissue resection
- 28341** - requiring bone resection
- 28344** - Reconstruction, toe(s); polydactyl
- 28360** - Reconstruction, cleft foot
- 28400** - Closed treatment of calcaneal fracture; without manipulation
- 28405** - with manipulation
- 28406** - Percutaneous skeletal fixation of calcaneal fracture; with manipulation

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28415 - Open treatment of calcaneal fracture; with or without internal or external fixation

28420 - with primary iliac or other autogenous bone graft (includes obtaining graft)

28430 - Closed treatment of talus fracture; without manipulation

28435 - with manipulation

28436 - Percutaneous skeletal fixation of talus fracture, with manipulation

28445 - Open treatment of talus fracture, with or without internal or external fixation

28450 - Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each

28455 - with manipulation, each

28456 -Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus); with manipulation, each

28465 - Open treatment of tarsal bone fracture (except talus and calcaneus); with or without internal or external skeletal fixation, each

28470 - Closed treatment of metatarsal fracture; without manipulation, each

28475 - with manipulation, each

28476 - Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each

28485 - Open treatment of metatarsal fracture; with or without internal or external fixation, each

28490 - Closed treatment of fracture great toe, phalanx or phalanges; without manipulation

28495 - with manipulation

28496 - Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation

28505 - Open treatment of fracture great toe, phalanx or phalanges; with or without internal or external fixation

28510 - Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each

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28515 - with manipulation, each

28525 - Open treatment of fracture, phalanx or phalanges, other than great toe; with or without internal or external fixation, each

28540 - Closed treatment of tarsal bone dislocation; other than talotarsal, without anesthesia

28545 - requiring anesthesia

28546 - Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation

28555 - Open treatment of tarsal bone dislocation, with or without internal or external fixation

28570 - Closed treatment of talotarsal joint dislocation; without anesthesia

28575 - requiring anesthesia

28576 - Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation

28585 - Open treatment of talotarsal joint dislocation, with or without internal or external fixation

28600 - Closed treatment of tarsometatarsal joint dislocation; without anesthesia

28605 - requiring anesthesia

28606 - Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation

28615 - Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation

28630 - Closed treatment of metatarsophalangeal joint dislocation; without anesthesia

28635 - requiring anesthesia

28636 - Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation

28645 - Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation

28660 - Closed treatment of interphalangeal joint dislocation; without anesthesia

28665 - requiring anesthesia

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28666 - Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation

28675 - Open treatment of interphalangeal joint dislocation, with or without internal or external fixation

28705 - Pantalar arthrodesis

28715 - Triple arthrodesis

28725 - Subtalar arthrodesis

28730 - Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;

28735 - with osteotomy as for flatfoot correction

28737 - Arthrodesis, midtarsal navicular-cuneiform, with tendon lengthening and advancement (Miller type procedure)

28740 - Arthrodesis, midtarsal or tarsometatarsal, single joint

28750 - Arthrodesis, great toe; metatarsophalangeal joint

28755 - interphalangeal joint

28760 - Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure)

28820 - Amputation, toe; metatarsophalangeal joint

28825 - interphalangeal joint

28899 - Unlisted procedure, foot or toes (requires description of medical necessity)

The listed procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care. Additional visits are reportable only if significant identifiable further services are provided at the time of the cast application or strapping.

If cast application or strapping is provided as an initial procedure in which no surgery is performed (eg, casting of a sprained ankle or knee), use the appropriate office evaluation and management code in addition to 99070 for supplies.

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Listed procedures include removal of cast or strapping.

29345 - Application of long leg cast (thigh to toes);

29355 - walker or ambulatory type

29405 - Application of short leg cast (below knee to toes);

29425 - walking or ambulatory type

29435 - Application of patellar tendon bearing (PTB) cast

29440 - Adding walker to previously applied cast

29450 - Application of clubfoot cast with molding or manipulation, long or short leg

29505 - Application of long leg splint (thigh to ankle to toes)

29515 - Application of short leg splint (calf to foot)

29540 - Strapping; ankle

29550 - toes

29580 - Unna boot

29590 - Denis-Browne splint strapping

Codes for cast removals should be employed only for casts applied by another provider

29705 - Removal or bivalving; full arm or full leg cast

29730 - Windowing of cast

29740 - Wedging of cast (except clubfoot casts)

29750 - Wedging of clubfoot cast

Endoscopy/Arthroscopy

29894 - Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body

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29895 - synovectomy, partial

29897 - debridement, limited

29898 - debridement, extensive

29909 - Unlisted procedure, arthroscopy (requires description of medical necessity)

Other Procedure(s):

64450 - Injection, anesthetic agent; other peripheral nerve or branch

64640 - Destruction by neurolytic agent; other peripheral nerve or branch

64787 - Implantation of nerve end into bone or muscle

64830 - Microdissection and/or microrepair of nerve

64831 - Suture of digital nerve, hand or foot; one nerve

64832 - each additional digital nerve

64834 - Suture of one nerve, hand or foot; common sensory nerve

64840 - Suture of posterior tibial nerve

93922 - Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral

93923 - Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study

93965 -Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborthography, impedance plethysmography)

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RADIOLOGY PROCEDURES

73600 - Radiologic examination, ankle; anteroposterior and lateral views

73610 - complete, minimum of three views

73615 - Radiologic examination, ankle, arthrography, radiological supervision and interpretation

73620 - Radiologic examination, foot; anteroposterior and lateral views

73630 - complete, minimum of three views

73650 - Radiologic examination; calcaneus, minimum of two views

73660 - toe(s), minimum of two views

LABORATORY PROCEDURES

80049 - Basic metabolic panel. This panel must include the following: Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (845201)

80050 -General health panel. This panel must include the following: Comprehensive metabolic panel (80054). Hemogram, automated, and manual differential WBC count (CBC) (85022) OR Hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025) Thyroid stimulating hormone (TSH) (84443)

80051 -Electrolyte panel. This panel must include the following: Carbon dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)

80054 -Comprehensive metabolic panel. This panel must include the following: Albumin (82040) Bilirubin, Total OR direct (82250) Calcium (82310) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, aspartate amino (AST) (SGOT) (84450) Urea Nitrogen (BUN) (84520)

80072 -Arthritis panel. This panel must include the following: Uric acid, blood, chemical (84550) Sedimentation rate, erythrocyte, non-automated (85651) Fluorescent antibody, screen, each antibody (86255) Rheumatoid factor, qualitative (86430)

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81000 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of constituents; with microscopy

81002 - non-automated, without microscopy

82310 - Calcium; total

82435 - Chloride; blood

82465 - Cholesterol, serum, total

82540 - Creatine

82565 - Creatinine; blood

82947 - Glucose; quantitative

82948 - blood, reagent strip

84075 - Phosphatase, alkaline

84100 - Phosphorus inorganic (phosphate)

84132 - Potassium; serum

84155 - Protein; total, except refractometry

84295 - Sodium; serum

84450 - Transferase; aspartate amino (AST)(SGOT)

84460 - alanine amino (ALT)(SGPT)

84478 - Triglycerides

84525 - Urea nitrogen; semiquantitative (eg, reagent strip test)

84550 - Uric acid; blood

85002 - Bleeding time

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85007 -Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)

85009 - differential WBC count, buffy coat

85014 - other than spun hematocrit

85018 - hemoglobin

85021 - hemogram, automated (RBC, WBC, Hgb, Hct and indices only)

85022 - hemogram, automated, and manual differential WBC count (CBC)

85031 -Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)

85041 - red blood cell (RBC) only

85044 - reticulocyte count, manual

85048 - white blood cell (WBC)

85610 - Prothrombin time

85651 - Sedimentation rate, erythrocyte, non-automated

85730 - Thromboplastin time, partial, (PTT); plasma or whole blood

86060 - Antistreptolysin O; titer

86063 - screen

86215 - Deoxyribonuclease, antibody

87040 - Culture, bacterial, definitive; blood (includes anaerobic screen)

87075 - Culture, bacterial, any source; anaerobic (isolation)

87081 - Culture, bacterial, screening only, for single organisms

87101 - Culture, fungi, isolation (with or without presumptive identification); skin

87184 - Sensitivity studies, antibiotic disk method, per plate (12 or fewer disks)

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87205 - Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types

87210 - Smear, primary source with interpretation; wet mount with simple stain, for bacteria, fungi, ova and/or parasites